# M1000004926

(Requestor's Name)				
(Ad	dress)	·		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(		,		
(Do	cument Number)			
(LX	cament Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



700249829547

07/16/13--01025--007 \*\*175.00



J. SAULSBERRY JUL 17 2012

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: NINE45 DEVELOPMENTS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## JOSH BENNETT

Name of Person

Firm/Company

440 N. ANDREWS AVE.

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

# JOSH@JOSHBENNETT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## JOSH BENNETT

...954

779-166°

Name of Person

Area Code & Daytime Telephone Number

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

-	v				
1. Na	me of the limited liability company: NINE45 DEVELOR	PMENTS, LLC	<del></del>	<u> </u>	
2 (2)	Dringing office address of limited lightlife, again	ANDREWS AND			
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)		FT. LAUDERDALE, FL 33301	D~ .		
	(MOST BE STREET TIPPRESS)	111111111111111111111111111111111111111	1-1	<u> 2</u> 913	
				<u>_</u>	1-7
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		440 N. ANDREWS AVE.	٠ . و١	<u></u> =	ه <u>د</u> سهر
	FT. LAUDERDALE, FL 33301	<u>;;</u>	<del></del>	1	
					<u>,</u>
44 /00 100	40		200	3	1 -
11/08/20	· · · · · · · · · · · · · · · · · · ·	M1000004926	·	<u> ج</u>	<del>- ·</del>
3. Date of filing/registration in Florida		4. Document number	300	=	
5 (2)	Desistand Asset and Desistand Off	d 1 Cd Pl 11	22	0	
5. (a)	Registered Agent and Registered Office shown	on the records of the Florida	Dept. of	State:	
	Registered Agent:	ROBERTO CELEA			
	Registered Algenti.				
Registered Office Address:	Registered Office Address:	7300 BISCAYNE BLVD, 300			
	_	MIAMI, FL 33138			
(b)	Enter name of <b>NEW Registered Agent</b> and/or N	NEW Registered Office add	ress:		
` '	<u>—————————————————————————————————————</u>				
	NEW Registered Agent:	JOSH BENNETT			
	NEW D. L. LOGG. A.L.				
NEW Registered Office Address:		440 N. ANDREWS AVE.	<u> </u>		
	(MUST BE FLORIDA STREET ADDRESS)	FT. LAUDERDALE	EI	23201	
		FT. DAODERDALE	,۲L	33301	
confirmand the liability the method	limited liability company is not organized under the that after the change or changes are made, the business office of the registered agent will be ideal to company, it is hereby confirmed that the change embers of the limited liability company or as othe erating agreement of the limited liability company or as othe erating agreement of the limited liability company	e Florida street address of the lentical. Or, in the case of a let (s) was/were authorized by a rwise provided in the articles	a, it is he e registere Florida lii an affirm of organ	reby ed offic nited ative vo ization	e ote of or
	O CELEA or typed name of signee				
I here compl and I i Chapt addres	by accept the appointment as registered agent any with the provisions of all statutes relative to the amiliar with and accept the obligations of my er 608, F.S. Or, if this document is being filed to ss, I hereby confirm that the limited liability compress of Register agent	d agree to act in this capacit proper and complete perfori position as registered agent merely reflect a change in th any has been notified in writ	y. I furth nance of as provid the register ting of thi	er agre my dut ded for red offi s chan	e to ies, in ce ze.
Signatu	te of Kegisterra Agent				
	Division of Corporations, P.O. Box	6327, Tallahassee, FL 323	14		

**FILING FEE: \$25.00**